PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING f10N is very important. See instructions on back of certificate.

V. S. No. 1 N. B.—

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	11011
County Wecomeco	Registration Dist. No. 332/
Village or City near Cruenlle: md	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 5 4 yrs. 7	mos. 27.ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME William Errent Blake	
(a) Residence: No. Mr. Pattsville, M.	d. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	
male, Ool married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Elizabette A. Blake	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fel. 5 187	
6. DATE OF BIRTH (month, day, and year) Telf 7. AGE Years Months Deys If LESS that	
1 day,	
8. Trade, profession, or perticular	were as follows:
kind of work done, ets SPINNER, Farmers SAWYER, BDOKKEEPER, etc. Farmers	0 0 0
9. Industry or business in which	O D LO LOS
work was done, as SILK MILL, Koras	Week postane 0/9%
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	
year) occupation Tope	Dther Contributory Causes of importence:
12. BIRTHPLACE (city or town) Tarsonstones	Direct Contributory Canses of importance.
(State or country) and luxcomes &	
13. NAME John Blake 1  14. BIRTHELACE (city or town) Carsaultang	
14. BIRTHPLACE (city or town Jasaneslan 9	Name of operation Date of
(Stete or country) me Weenhein Cos.	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Eliza Blake.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Tologa Bloke.  16. BIRTHPLACE (city or town) Danmarting.	Accident, suicide, or homicide?
(Stete or country) ma Musophen Sent	Where did injury occur?
7. INFORMANT & Chicabeth Blake	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) Sillarille ma	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Slassfell Ban- Date 1035 4 De., 193	
19. UNDERTAKER Am Joseph Melle:	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Cittainle med.	If so, specify
20, FILED NOV. 3, 1933 Fullian M. Davi	(Signed) Praifes 7 Broser M. D.
20, FILED W. S., 1950 Millian Joe al Registrar.	
	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ano Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
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Stated EXACTLY. PHYSICIAMS Stated EXACTLY. Exact statement of OCCUPA. IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING LYON is very important. See instructions on back of certificate. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	958
County Nicomeco.	Registration Dist. No. 332
Village or City near Attaulle, md:	No. St. Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
2. FULL NAME Minervia Brittinglean	z'
(a) Residence: No. Near Titteville	St., Ward.
(Usuat place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
France White OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 I HERERY CERTIFIED That I alleged decrease for
(or) WIFE of Elijos Brittinghom!	1 HEREBY CERTIFY That I attended deceased from 19.37, to 19.37
6. DATE OF BIRTH (month, day, and year)	I last saw h alive op, 19; deeth is se
7. AGE Years Months Days If LESS than	to have occurred on the late state with 69 m.
68 9 14 orhrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8 Trade profession or particular	more as tollows. Date of one
SAWYER, BOOKREEPER, etc.	Red remar Dacate
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cardine Wilalletin
10. Dato deceased last worked at , , / 11. Total time (years)	causing water?
o this occupation (month and ///0/23 spent in this year) occupation	allal
12. BIRTHPLACE (city or town) Citta'alle!	Other Contributory Causes of importance:
(State or country) md. Magniera	***************************************
13. NAME Minos Carler!  14. BIRTHPLACE (city or town). Sittanelle!	Name of operation
(State or country) and Vicencesta	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Tellevelle!	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Tillscalle!	Accident, suicide, or homicide? Date of injury, 19
E (State or country) md. The maint	Where did injury occur?
17. INFORMANT Frank Brittingland	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Foreste Spens German Date 1005/20th, 1923	Neture of injury
19. UNDERTAKER Wint Howard Walls!	24. Was disease or injury in any way related to occupation of deceased?
(Address) Tillsulfy: ma!	If so, specify
20. FILEPLOY. 11, 1933. Killiam P. Dave	(Signed toacks) To Descre M.
Daniel Parister	(Address) & Coling France land.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEA	TH,	/ / /	LAND	92-a	OI DEA	ri fil	513
County	roos	nec	er/		Registration Di	st. No. 33	2
Village or City	Litts	will		NoNo		St.	Ward
Length of residence in o	ity or town where de	eath occurred _ 📿 _	yrsmos	ds. How long in U.S.	if of foreign birth?	yrsmo	osds
2. FULL NAME	The	rge 1	2. Ce	allaway	•		
(a) Residence: Np.		(Usual place of	abode)	St., Ward.	If nonresident gi	ve city or town and	State
PERSONAL AN	ID STATISTIC	CAL PARTIC	ULARS	MEDICAL	CERTIFICATE	OF DEATH	
male 1. cold	or on RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH	(Month)	14	, 193
5a. If married, widowed, or div HUSBAND of (or) WIFE of	orced	~ 7	1. Cu	2. SIHEREE	Y CERTIFY		
6. DATE OF BIRTH (month, da	y, and year)	Jec 14	1852	I last saw h		14.1933	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date st		m.	
80	11		l day,hrs.	The PRINCIPAL CAUSE OF DE were as follows:	ATH and related causes	of importance _	Bate of onset
8. Trade, profession, or pkind of work done SAWYER, BOOKKE 9. Industry or business I work was done, as SAW MILL, BANK, 10. Date deceased last wo	as SPINNER, EPER, etc.	Tonn	esi	antie	Tagungel	alian 1	193
10. Date deceased last wo this occupation (moyear)	rked at	11. Total tim spent occup	ne (years) 8 1				
12. BIRTHPLACE (city or town (State or country)	Las	world	wone	Other Cantributory Causes of in	nportance:		
13. NAME  14. BIRTHPLACE (city or t	vi C	allan	vag.		<u> </u>		4
14. BIRTHPLACE (city or t (State or country)	own)	Rycas	wyf	Name of operation			
15. MAIDEN NAME	mana	Muss	kens	What test confirmed diagnosis?  23. If death was due to external		Was there an au	
IS BIDTURE ACE (situ on A	TY	2 110		Accident, suicide, or homicide?			
O 16. BIRTHPLACE (city or t (State or country)	own)	J. G. W. W.	1	Where did injury occur?		e of mighty	, 13
17. INFORMANT (Address)	hny 7	V. Cal	Lucyay	Specify whether injury occurred	(Specify city or to I in INDUSTRY, In HOMI	wn, county and State , or in PUBLIC PLA	CCE.
18. BURIAL, CREMATION, OR	REMOVAL	tery	11111	Manner of Injury			
Place DMS	wsom	_Date 1/100.	16 ,19 3	Nature of injury			
19. UNDERTAKER	2 M O	ashir!	Silson	24. Was disease or injury in any	way related to occupation	on of deceased?	
20. FILED NOV. 16,	1933. Ril	lique 1	Davi Registrar.	(Signed (Address)	Seles For	From	м. г
	If more b			2411 N. Charles Street, Baltimore,	Requesting V. S. No. 7		

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retrement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

11514

1. PLACE OF DEATH	93-2
County Weemus	Registration Dist. No. 33/
Village or City	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?mosds.
11 # 1/ 1/20	yısyısyıs
2. FULL NAME MARACIA 19 19 19 19 19 19 19 19 19 19 19 19 19	Way.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	nov 12 193 3
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended daceased from
	185, 10 100 (2, 193)
DATE OF BIRTH (month, day, and year)	I last saw h
AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, a
64 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	amorn orandles 193
SAWYER, BOOKKEEPER, etc.	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at   11. Total time (years)	
this occupation (month and spent in this occupation	
2. BIRTHPLACE (city or town) 20 ating King.	Other Contributory Canses of importance:
(State or country)	
13. NAME Tulman M. Ganway	
14. BIRTHPLACE (city or town) The Ling wish.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Action Nonoho	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Zaching	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Wicher Gargines	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 4/wantien Ma	
8. BURIAL, CREMATION, OR SEMOVAL	Manner of injury
Place Date Date 19., 19.5.	Nature of Injury
19. UNDERTAKER MASS LESS LESS TOPENS (Address)	24. Was disease or injury in any way related to occupation of deceasad?
0. FILED Nov13, 1933 Mio & n Walla	(Signed) Puller M. D. (Address) Sulver 20
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	9-9-8	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones 5	May 1,1923	Gastroentcritis	1 year	
		report and the second second second second		

	nfor-	state	JPA.
	of i	plu	100
	tem	shoi	0 J
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	RD. E	IXSIC	state
3	RECC	7. PE	Exact
D'U	NENT	CTLY	ified.
MARGIN RESERVED FOR BINDING	ERMA	EXAC	classi
OR E	A PI	ated 1	operly
F	SIS	st	pr
E	HI	l be	p be
RV	Z	onlo	ma
ESE	Z	E sl	at it
2	ING	AG	o the
GI	FAD	ied.	ns, s
MAR	Z	Iddus	terr
	ITH	ılly s	plain
	W.	refu	I in
	NLY	be ca	ATE
	LAI	plne	F DI
	田田	sho	E 0
	VRI	ation	AUS
No. 1	1	m	C
V. S. No. 1	K. B	(	T
.20	16.4	-	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	516
1. PLACE OF DEATH .	1.1	0111
county Wicomics	Registration Dist. No.	33
Village or City Salisbury R. M. D.	No. City 7 st.,	Ward
	death occurred in a horpital or institution, give its NAME instead of street and n	
2. FULL NAME William H. E	ull_	
(a) Residence: No. Salusbury City	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Married  The sex of the	21. DATE OF DEATH	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sharkboard, of Daisy Cuff	22 I HEREBY CERTIFY, That I attended to	eceased from
6. DATE OF BIRTH (month, day, and year) mar, 5, 1881	1 last saw have alive on Nov 28, 1922	; death is sald
7. AGE Yoars Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 11. 9. m.	
22   7   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sawyer, Bookkeeper, etc.	( Jelmonay Edema	1/15/53
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year) 1933 occupation occupation		
12. BIRTHPLACE (city or town) Salusbury	Other Contributory Causes of Importance:	
(State or country) Mayland	1/ Secoles Aucunous	11/5/
13. NAME Clex Cuff		/33
13. NAME CLOY CUIT	Name of operation Date of	
(State or country) (aryxund	What test confirmed diagnosis? Was there an at	lopsy?
15. MAIDEN NAME Margardt Cuff	23. If death was due to external causes (VIOL ENCE) fill in also the following:	71
16. BIRTHPLACE (city or town). Wanys new Salisbury (State or country)	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Daisy Cult (Address) Saladya Donel City 7	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place flass will Country Date 1 Lov. 26, 1933.	Nature of injury	1
19. UNDERTAKER James 7. Slavort  (Address) 402 E Claret	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Nov 25, 1933 V. Tray Turner	If so, specify Figure 70 Bearing	M. D.
Registrar.  If more blanks are needed, address State Registrar.	(Address) All Freeze Williams Providence FL S. N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

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TION is very important. See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

1. PLACE OF DEATH	9
County we comes	Registration Dist. No. 332
Village or City Willards Md	No. St., Ward
2, 10	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs 10 mos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Wortha Loute	Vinnis
(a) Residence: No. / Lellard. · (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Mrember 16 19333
5a. If merriad, widowed, or divorcad	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
0 3 1871	hrrenker 5, 1933, to date of death
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on 11-14-33, 19 ; daeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the deta stated above, et 2.30 Am.
2 10 13 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Branch fremma 11-11-33
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date daceased lest worked et 11. Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Willards	Other Contributory Causes of Importance:
(State or country) Maryland	Pertusas 11-5.33
II 13. NAME ( Xra W. Dennis	(1-7-0-2
13. NAME (1. Dennes  14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country) Masykana	What test confirmed diegnosis? Classical Was there en autopsy? Los
15. MAIDEN NAME Caistle Davis	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 6 distribution 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
(State or country) Wyconneo-Go Ma	Whare did injury occur?
17. INFORMANT / Ira Dennio	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Addrass) Willards Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dete 1995	Nature of injury
19. UNDERTAKER M. Jasha Walson	24. Was disaase or Injury In eny way related to occupation of deceasad?
(Address)	If so, specify
20 FILED LOV. 16 133 hillian R. Daire	(Signad) Hank Jemb M.D.
Focal Registrar.	(Addrass) Millasto md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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should state of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE OF DEATH

	1	En	ī	8	
1	1	U	Æ	0	

1. PLACE OF DEATH		nn
County Michamile	Registration Dist. No. 13	33
Village or City Salvoluny 9419	No. Invascula J. Hospital . St., death occurred in a hospital or institution, give its NAME instead of street and no	3 Ward
Length of residence in city or town where death occurredyrsmos	1/	
2. FULL NAME Canton & Donnhul		
(a) Residence: No. Colem Mary and (Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193-33
5e. If merried, widowed, or divorced	(Month) (Oey)	(Year)
HUSBAND of Hellen Q Donohue	22. College 1939 to 1941 i ettended d	leceesed from
6. DATE OF BIRTH (month, day, and yaer) July 26 1906  7. AGE Years   Months   Deys   If LESS than	I last sew harman alive on Start 1933	death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
27   3   5   ormin.	were actorious:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Jensey Mund	ealah.
SAWYER, BOOKKEEPER, etc.	Leff My	479/
work was dona, as SILK MILK SAW MILL, BANK, etc.	ff by	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILK. SAW MILL, BANK, etc.  10. Date deceased last worked at Colors this occupation (month end year)  11. Total time (years)  spant in this year) occupation	Liffly Jangeen	19/24/3
12. BIRTHPLACE (city or town) Eden	Offiar Contributory Consess of Importance:	
(State or country) Prod		
13. NAME / What a Wonopel		
13. NAME / What Wonohul  14. BIRTHPLACE (city or town) / yeahing  (State or country)	Nama of operation when the hand of the Oate of Some What test confirmed diagnosis?	124/53
E 15. MAIOEN NAME Selly le March	23. If daeth wes dua to axtarnel causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) The Control of Long to the country of the control of the country o	Accident, suicide, or homicide? Date of injury 27	2,19.33
17. INFORMANTA Tallat a Donohue	Where did injury occur?  (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE. IN Son
(Addrass) Eden gnd	/ Land	
Pleca A lawer Hill Cem Date Jose J. 1933	Manner of Injury	
19. UNDERTAKER Jag & Stewart and (Address) Salishury and	24. Was disease or injury In any way releted to occupation of deceased?	
20. FILED Nov. 4, 1933 Dr. May Junes Registrar.	(Signed) (Address) Allerty Co.	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	III de la companya de	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

of infor-

STATE OF MARKILAND	CLITITICATE OF DEATH
1. PLACE OF DEATH	(53)
County///Commute	Registration Dist. No. 999
Village or City Salustury Marylane	I No. Cross + Pine St. 13 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town when death occurred	sds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME Other I last Way	year
(a) Residence: No. Clow + Pun st. San	18t7 /3 Ward.
(Usual place of abode) Mig	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SER 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If married, widowed, op divorced	
(or) WIFE of Marion Dorman	22. HEREBY CERTIFY That I attended deceased from
and 15 1860	1935, 10 10015, 1933
6. DATE OF BIRTH (month, day, and year) UG. 13. 1892	I lay saw here alive on 20013; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 0,30 Pem.
min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as toplows:
8. Trede, profession, or particular kind of work done, as SPINNER,	a cello Magellaux
SAWYER, BOOKREEPER, etc.	Leeun, regit lede
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	malignant . Duration: march late 1933 to
10. Date deceased last worked at 11. Total time (years)	november 13th, 1933. Que
this occupation (month and spent in this occupation occupation	4014
1-1: 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (Stag or country)  Manylatel	- They of py for dues. Hurband died
The state of the s	of Inest wasser an algative
13. MAPE 12 14. BIRTHPLACE (city of town)	f f
14. BIRTHPLACE (city of town)	Name of operation lo operation Date of
(Stete or country)	What test confirmed diagnosis? (Kelller) Was there an autopsyll
15. MAIDEN NAME Ellen Phipyin	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Eller Phipysis  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State of country) Wellevan	Where did injury occur? No injury
17. INFORMANT Me Carrie E. Buthing	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Crose + Prine st. Saluting M	
18. BURIAL, CREMATION, OR REMOVALO	Manner of injury no injury
Place/ accorded to	Nature of injury
to Marray & Co.	
19. UNOERTAKER / VILLE WAY Co. (Address) Salvine Mary Land.	24. Was disease of Injury in any way related to occupation of deceased?
may the 2h the Manual	(Signed) M. D. C. M.
20. FILEO / LOV 19.30 X : MVM JUMMA Registrar.	1009
	(Addressy) A Charles Street, Baltimore, Requesting U. S. No. 1
a, more viantes are necueu, agaress State Registrar,	2411 IV. (names Street, Baltimore, Keauesting "U. S. No. 11

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	1	5	2	1	)
-	-46	-	-		

1. PLACE OF DEATH		(46)	
County It washes	10	Registration Dis	st. No. 333
Williams on Other 8 al 1 al	2333	No. John B. Parsons Home	for assed 9 Ward
Length of residence in city or town whare o		death occurred in a horpital or institution, give its NAME in the death of the death of the death of the death of the death occurred in a horpital or institution, give its NAME in the death occurred in a horpital or institution, give its NAME in the death occurred in a horpital or institution, give its NAME in the death occurred in a horpital or institution, give its NAME in the death occurred in a horpital or institution, give its NAME in the death occurred in a horpital or institution, give its NAME in the death occurred in a horpital or institution, give its NAME in the death occurred in a horpital or institution, give its NAME in the death occurred	
no.	* 0	now long in 5.3.11 of foleign bittar.	yrsds.
000	and dough		
(a) Residence: No. Johan (3)	(Usual place of abode)	Stared Ward.  If nonresident give	e city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE C	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov.	9 7P.M.
5a. If married, widowed, or divorced	V STISTIVAN	(Month)	(Day) (Year)
(or) WIFE of William	n J. Douglas	Di HEREBY CERTIEY	Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	ct. 19 1866	I last saw he alive on 2005	1937; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated abova, at	m.
67 0	20   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of wera as follows:	of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None	Carena V Jul	Tiling 9am
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		and better	1933
10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation	C	
	omico Co.	Other Contributory Causes of Importance:	
(State or country)	q. Ma.		
13. NAME Windu	Davis		
14. BIRTHPLACE (city or town) (State or country)	mais Pa MI	Name of operation	Date of
	& Och Jour.	What test confirmed diagnosis?	
15. MAIDEN NAME Sarah  16. BIRTHPLACE (city or town) V. L.	6. Jarenny.	23. If death was due to external causes (VIOLENCE) fill In	
O 16. BIRTHPLACE (city or town)	comes to	Accident, suicide, or homicide? Date	e of injury, 19
701 4	· B. Il.	Where did injury occur? (Specify city or tow	vn, county and State)
17. INFORMANT Salalon (Address)	w 12. X Chronesly.	Specify whether injury occurred in INDUSTRY, in HOME.	, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	7 20/m.	Menner of injury	~~~~~~~~~~~~~~~~~~
Place Weltifeguin Lem	Date NOV. 11 , 19 33	Nature of Injury	•••••
19. UNDERTAKER The Hilly 9	Johnson co.	24. Was diseasa or injury in any way related to occupatio	n of deceased?
(Address) Salvern	the ma	If so, specify Searches 7 13	Bee.
20. FILED /100 11, 1993 Q	· May Juner.	(Signed)	M. D.
	A Registrar.	" (Midless)	***************************************

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gostroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH  County Acomics	Registration Dist. No. W 336
Village or City of lange	
	NoSt.,War (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	osds How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Mande Dreen	Elliott
(a) Residence: No. Delma	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
lemale white married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   I HEREBY CERTIFY, That I attended deceesed fro
(or) WIFE of Galter See Ellerth	Am 1 st 1932 to Mar 17 1959
6. DATE OF BIRTH (month, day, and year) Que 27, 1933	I last saw her alive on True 16 1933 : death is sai
7. AGE Yeers   Months   Days   If LESS than	to have occurred on the date stated above, at 3300m.
44 10 20 1dey,hr	were se colours.
8 Trade profession or particular	Carcinomer of neum with Date of once
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occuration (month and	- milestin to lunes. 2 in
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) occupation — occu	
No.	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Conton	I duna of lungs & long Hale
	-
1 8	
(State or country)	Neme of operation Date of
	What test confirmed diegnosis? Was there an autopsy? Was there an autopsy?
The state of the s	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Depto	Accident, suicide, or homicide?
ONCITY & DON 40	(Specify city or town, county and State)
17. INFORMANT AUG SULVY (Address) JOLEMAN MA	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. P. Der Date 201 19 19	Neture of injury
Oncill & Jan 1	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
h. 1. 10 10 11 100 1	(Signed)
20. FILED M. 19. 19.3.3 Harry Whitestor.	(Address) Parlman And

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	0
County Missonical	Registration Dist. No. 333
Village or City Deninsula Den: Hora	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence impity or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TOTZAN James 7	this Schlane All Market
(a) Residence: No. All Manual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (nurite the word)  Male  Market  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (nurite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5 M married, widowed, or divorced HUSBANO of (or) WIFE of Alah Huskelland	22. HEREBY CERTIFY. That I attended deceased from 1935, to 200. 4 1933
6. DATE OF BIRTH (month, day, end yeer) Oct. 1, 1910	I last saw h elive on 2200 4 , 193-3; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Dyleberid form Date of onset
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	
this occupation (month end spent in this occupation  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Canses of importance:    Description   0/2 3/33
II 13. NAME Sierre Theistelland	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Enterothylology Date of 0/2 3/33 What test confirmed diagnosis? Office Was there an autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (effy or town)  (State or country)  17. INFORMANT DECORATION  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Lecture seed	Manner of Injury
19. UNDERTAKER (Address) Delma Company (Address)	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 24. If so, specify 24.
20, FILEO Mov. 3, 19 33 D. May June Registrar.	(Signed) M. D.  (Address) Sulishing leed
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:  Date of onset		Example II  The principal cause of death and related causes Date of onset of importance were as follows:		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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County Specimes	STATE OF MARYLAND
Village or City Sharptows (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensle Thite (Write the word)	16 DATE OF DEATH 100 28, 1933.  (Month), (Day) (Year)
6 DATE OF BIRTH  Sept. 9, 862  (Month) (Day) (Year)	that I last saw has alive on 200 27 , 1923
7 AGE  7 AGE  1 If LESS than I day hrs. or min.?  8 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, at 49. m. The CAUSE OF DEATH * was as follows:  Charles Define Homerulo reflects  Charles Valoriles Alexander
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory Secondary
10 NAME OF FATHER Stathis Bennett  11 BIRTHPLACE OF FATHER  (State or country) (Juknasium)	(Signed)
12 MAIDEN NAME OF MOTHER Mary Marine	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Mary F. Owene (Address) Sharptown, md.	Former or usual residence.  19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL  Sharptown 719 83
Filed Nov, 30 1933 Mary & Hann Registrar	20 UNDERJAKER  M. L. Hatson & Sous Lesford, Del  16 W. Saratora St., Bulton Enquesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Scrvont, Cook definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, (b) Cotton mill; (a) Solesman, without more precise specification as Doy For persons who have no occupation Loborer--Coal minc, etc. Womperson, irrespective of (b) Grocery;

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by (elonus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on earbolic acid-probably smeide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (c. g., sepsis, or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely s; inptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condieough; Chronie Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature Always qualify all Measles ;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH	(31)	11
County Meonego	Registration Dist. No.	33
Village or City Salishury	No. 416 Sail St. L	3 Ward
Length of rasidence in city or town where daath occurred	death occurred in a hospital or institution, give its NAME instead of street and number deathds. How long in U.S. if of foreign birth?	
2. FULL NAME KELLE XIANKLY for	dy	
(a) Residence: No. 4/6 Frish	St., /3 Ward.	
(Ushal place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE OR DIVORCED (write that ford)	21. DATE OF DEATH / Nov. 77	1933, (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Chel Hearn Gardy	22. HEREBY CERTIFY, That I attanded do	laceased from
6. DATE OF BIRTH (month, day, and year) Maul 71, 1897.	I last saw h wine elive on 700. 22 1933	death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at 3.154 m.	
36 8 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	Data at asset
8. Trada, profession, or particular kind of work done, as SPINNER, July Respectively.	Coult at Hemontes	Date of queet
9 Industry or business in which work was done, as SILK MILL,		124 12
SAW MILL, BANK, etc		
this occupation (month and ///9/33 spent in this 3445, year)		
M A A	Other Contributory Causes of importance:	4. 4
12. BIRTHPLACE (city or town) (State or country)	Chron Captures	lehm
13. NAME John Hilliam Gardy	Typescura	
13. NAME (The Millian) Galdy 14. BIRTHPLACE (city or town).	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was thara an au	itopsy?
I 15. MAIDEN NAME ( aus a) C. Godfrey	23. If death was dua to external causes (VIOLENCE) fill in also the following:	or bridge
15. MAIDEN NAME (2014) C. Godfrey  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT MIS! Seese VI Gally	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE	CE.
18. BURIAL, CREMATION DR REMOVAL	Mannar of injury	
Place Fallehung, Male Date 1/174/33, 19	Nature of injury	
19. UNDERTAKER TO WILL K STERKON Co.	24. Was disease or Injury in any way related to occupation of daceased?	· ·
(Address) Salishury, nd.	If so, spacify	
20. FILED Mov 27, 1933 & May Junes	(Signed)	M. D.
Registrar.	(Address) Dalitung my.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cercbral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1947)
County Miconico	Registration Dist. No. 74 336
Village or City Illman Md Side	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Many Green	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	24 193 3
6a. If married, widowed, or divorced	(Ronth) (Oay) (Year)
HUSBAND of James Green	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May b 1918	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.17. Pm.
/5- 8   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER.	Mahmitylon Gulernal Octo of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Injusor berry bying location 2 mind
work was done, as SILK MILL, A conclude SAW MILL, BANK, etc. 11 Total time (years)	In ten linsbuld
11. Total time (years)	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Alamelle	1
(State or country) A. Co.	Daniel Aplican
I PORTO TO T	
(State or country)	Name of operation
15. MAIDEN NAME & line lasty Maille	Whet test confirmed diegnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Kunnelle	Accident, suicide, or homicide?Oate of injury19
(Stata or country)	Where did injury occur?
17. INFORMANT & Elagebeth Bush	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Pholaucor bem ma Date from 39, 1933	Manner of injury
0 1114 4	
19. UNDERTAKER AS AL ALWAY ON A	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. M. P. M. 1933 Starry E. Indon	(Signed) M. D.
Registrar.	(Address) Duling Parl
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		L		

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	159)
County luconce	Registration Dist. No.
Village or City Delson a and Succe	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME (Odel Green	
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / _ 25
female a.a. no	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Man of 19 76 0 7 19
6. DATE OF BIRTH (month, day, and year) Sefet 18 19 3 3	I last saw halive on (Salton), 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
2, 1 dey,hrs.	mare as follows.
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	mafmilalion
work was done, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Date deceased last worked at -7 4 11. Total time (years)	
this occupation (month and year) spant in this occupation	
12, BIRTHPLACE (city or town) Looke lehallo	Other Contributory Causes of importance:
(State or country)	2 men t
13. NAME James Green	Cull Cull
14. BIRTHP (ace (city or town) Jacks poulle	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May made  16. BIRTHPLACE (city or town) Alexander  (States a control)	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) The enull	Accident, sulcide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Mso Plizebell Burk	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVED AND THE STATE OF THE STAT	
D. W. May May	Manner of injury
Place 1 - 1 - 2 - 4 - , 19 - 8 - 3	Takelo of injuly
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) To alishing on a	If so, specify
20. FILED ATTURE 25 19.23 - HUNNE Heden	(Signed)
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

nfor- state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	210-m
ould occ	county Wir wines	Registration Dist. No. 333
E _C	Village or City Salistrum Ud	. No. You. Deil. Hom 3 War
200	(1)	death occurred in a horpital or institution, give its NAME instead of street and humber)
AN	1 1/ 0 1	ds. How long in U.S. if of foreign birth?yrsmosd
RD. Every YSICIANS statement	2. FULL NAME buthur light	in treasure.
RECORD. Every PHYSICIAN Exact statement	(a) Residence: No. (Usual place of abode)	St. Ward.  If nonresident give city or town and State
PH set	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
	Upole White OR DIVORCED (write the word)	November 10- 1933
in i	5a. If merried, widowed, or divorced HUSBANO of	(1001)
S 2 S	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	1 - 10.0.	10 ,1933,10 //0 ,1933
PE   E rly	6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	last saw hardenive on 1933; death is sai
IS A PE stated E properly certificate	Q 12- 1 day,hrs.	to have occurred on the date stated above, at 2.2.2.3.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
Sta pro cer	8. Trade, profession, or particular	were as follows:
be be of	o. Itade, profession, or particular as SPINNER, SAWYER, BOOKKEEPER, etc	Frallers of value
nould may back	A 9. Industry or business in which	J.
~ .c	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
1 m 1 0	Spart III (III)	
NFADING I. pplied. AGE erms, so that instructions o	0.0	Other Contributory Causes of importance:
Se ucti	12. BIRTHPLACE (city or town) (State or country)	
y supplied ain terms, See instru		
ter in	E TOTAL	
TO	14. BIRTHPLACE (city or town)	Nama of operation
fully n plain	α	What test confirmed diagnosis? Occurred Was there an autopsy?
S 4	= Command	23. If death was due to external causes (VIOLENCE) fill in also the following:
	O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide Deceded Date of injury 10, 1933  Where did Injury occur? Lear Lackurar hack
	11. 00' 0 01.	(Specify city or town county and State)
should OF D	17. INFORMANT (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION, OR REMOVAL 10. Imax Leil	Manner of injury automabile accedent
on ISE	Place 7 0 low Date 7 0 12, 1933	Nature of injury Frankers of Sharel
mation s CAUSE TION is	19, UNDERTAKER Will & manel	24. Was disease or injury In any way related to occupation of deceased?
<b>'</b>	(Address) delman del.	If so, specify
	20. FILEO NOV. 1/ 1933 & May humer	(Signed) Coleans William M. E.
T	Registrar.	(Address) Dalishay Hed
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
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No. 1	WR	mati	CAU	TIO
V. S.	N. B.	1	1	1

-Va	STATE OF MARYLAND—	CERTIFICATE OF DEATH
OCCUP	County Misomir	Registration Dist. No. 33/
of O	Village or City Salaskum Sal. P7102	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
1	Langth of residence in city or town where daath occurredyrsmos	ds. How long in U. S. if of loraign birth?yrsmosds.
statement	2. FULL NAME  (a) Residence: No.  (Usus place of abode)	ZLR. 2 Ward.  If nonresident give city or town and State
ict	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
· ba	Sa. 11 married, widowed, or divorcad	(Month) (Day) (Yeer)
classined	HUSBAND of Oleo - A Afear	22. JHEREBY CERTIFY, Thet I attended deceased from Market State 10, 19 3.3
te.	6. DATE OF BIRTH (month, day, end year) May 15, 1859	I last saw h Lu allve on never lee 10 4, 19 32; daeth is said
properly certificate.	7. AGE Yaars Months Deys II LESS than 1 dey, hrs.	to have occurred on the date stated above, at 4.5 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
of	8. Trada, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.	Cerebral Heurs Garl
may	9. Industry or businass in which work was dona, es SILK MILL, SAW MILL, BANK, etc.	acheir sclerosis )
that it	10. Date decaasad last workad et this occupation (month end year) to compation	
so	12. BIRTHPLACE (city or town) Saurel (State or country)	Other Contributory Causes of Importence:  Claudesia of fives
instri	I 13. NAME AM. M. Hill	
· au	14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of
t. Se	# 15. MAIDEN NAME Sarah & Ollist	What test confirmed diagnosis?
very important.	16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:  Accident, suicide, or homicida?
ry import	17. INFORMANT A STATE AND A ST	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is.	18. BURIAL, CREMATION, OR REMOVAL Place Date Day 12, 1933	Manner of injury
TION is	19. UNDERTAKER Hall Syarel (Addiass) deelmas garage	24. Wes disaese or injury In any way related to occupation of daceasad?
7	20. FILED NWIL , 1933 Mis J. M. Hallors Registrof.	(Signad) William Smirels M.D.  (Addrass) Helians Red.
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

STATE OF MA	RYLAND-	CERTIFICATE (	OF DEA	TH	11040
1. PLACE OF DEATH		23			
County Wicomico			2. Registration D	list No	332
Village or City 40 Lake ST Splesh	in mil.	No 410 Lake	L .		C Wand
	(1	f death occurred in a hospital or instituti			
Langth of residence in city or town where death occurred.	yrs,mos	sds. How long in U.S. if of	foreign birth?	yrs	mosds.
2. FULL NAME Weller from Bud	agev				
(a) Residence: No. 4/0 Lake St.		WSt., 9 Ward.			
Carried States of the	ace of abode)			ive city or town an	id State
PERSONAL AND STATISTICAL PAR  3. SEX 4. COLOR OR RACE 5. SINGLE. N		MEDICAL CE	RTIFICATE	OF DEATH	
	ARRIED, WIDOWED, CEP (write the word)	21. DATE OF DEATH	11	22	33
Throng Wor - man	red		(Month)	(Day)	(Year)
5a. If married, Widowed, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY	CERTIEY	That I attended	d deceased from
- West Budson		11/22	19 3 30		1 2 19 \$
6. DATE OF BIRTH (month, day, and year)	LTE 1899	I last saw h alive on			; death is said
7. AGE Yaars Months Days	If LESS than	to have occurred on tha data stated	above, at 7-200	Pm.	
33 6 28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH	H and related causes	of Importanca	
8. Trada, profession, or particular	a / !	Tollows.		2-0	Oate of onset
kind of work dona, as SPINNER, BOUKEEPER, atc.	Acte	marile	//	the	
Kind of work dona, as SPINNER, 16 SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last workad at this occupation (month and		home	V		- Inne
work was dona, as SILK MILL, SAW MILL, BANK, atc					pin
- I this occupation (month and	al time (years) spent in this occupation	***************************************			
		Other Contributory Causes of impor	tance:		
12. BIRTHPLACE (city or town) Mean Willand (State or country)					
	md.	*			
E //our ///our					
14. BIRTHPLADÉ (city or town) LINE RESERVE		Name of operation		Data of	
		What test confirmed diagnosis?		Was thara an	autopsy?
15. MAIDEN NAME Aun Gostfie		23. If daath was due to extarnal caus			_
16. BIRTHPLACE (city or town)		Accidant, suicida, or homicide?	Da	ita of injury	, 19
1 (State of Country)		Where did injury occur?	(Specify city or to	own, county and Sta	
17. INFORMANT John 6: Vosilley		Specify whether injury occurred in	INDUSTRY, in HOM	E, or in PUBLIC PL	LACE.
18. BURIAL, CREMATION, OR REMOVAL	200-	***************************************			
011 1 2 11 5.	Dr. 25 72 1933	Manner of Injury			
2/5 20	- M. Mar., 193 J.	Nature of injury			
19. UNDERTAKER Nmg 160 word Will	e.c.	24. Was diseasa or Injury In any way	v ralatad to occupati	on of daceasad?	w
(Address) Gellantle Mai		If so, specify	9		
20. FILED NOV 27, 19 33 Vt. M.	sy June	(Signad)			7 M. 0
	Registrar.	(Addrass)	Mark.	7	m
If more blanks are neede	a, address State Registrar,	2411 N. Charles Street, Baltimore, Requ	uesting "U. S. No. 1.		1

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BURELU V. 2			
Other contributory causes of importance:	ور الله الله الله الله الله الله الله الل	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1-4		

MARGIN RESERVED FOR BINDING

sta UP	1. PLACE OF DEATH	
PE E	County Wilcomiled	Ω Registration Dist. No.
item of should of OCC	Village or City Salesbury and (IF	No. 306 Lable St., G. death occurred in a horpital or institution, give its NAME instead of street and number
NS ent	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmos
Ev	2. FULL NAME Purnell Johnson	
CORD. Every PHYSICIANS ict statement	(a) Residence: No. 306 Lake	St., 7 Ward.
10	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
E X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
LY.	male a , OR DIVORCED (write the word)	(Month) (Day) (Y
NEN C T	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceas
A C assifi	(or) WIFE of	Mass in the sta
EX EX cl	6. DATE OF BIRTH (month, day, and year) 20 2 2 3 1896	I last saw h alive on, 19; deat
ed ed erl fica	7. AGE Years Months Deys If LESS than I dayhrs.	to have occurred on the date stated ebove, atm.
IS A PE stated E properly certificate	36 10 24 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
70	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER ROOKKERPER also	· Obcess ! left Thigh
HIS be		probably Or result 1/ 2
ould may back	9. Industry or business in which work was done, as SILK MILL,	V-1 0 0
INK- Sho it n on b	SAW MILL, BANK, etc	Mic Hys.
	this occupation (month end spant in this year)	
NG AG th ion	100 0 900	Other Contributory Causes of Importance:
I. I. Se	12. BIRTHPLACE (city or town)	
JNFADING pplied. AGI terms, so tha instructions	E 13. NAME John Jahrian	
D H 2 "	T O	Name of operation
T . = 0	14. BIRTHPLACE (city or town) Lolar Talonal (State or country)	What test confirmed diagnosis?
	15. MAIDEN NAME SOR - Llar of	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
Carefu TH in portant.	I T	Accident, suicide, or homicide?
ca TH TH	16. BIRTHPLACE (city or town) All Land (Stata or country)	Where did injury occur?
IN Pe	man la del	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	17. INFORMANT (Address)	Specify whether mighty occurred in INDUSTRY, in NOME, of the POBLIC PLACE.
B 2 20	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
SE SE	Place Publice Tour Ind Date from 19 33	Nature of injury
-WRIT	D. Alexander	
T C H	19. UNDERTAKER OF HAMMER (Address)	24. Was disease or injury in any wey related to occupation of deceased?
m (F)	Dec 2 22 Julia 01	(Signed) A hearth
7 111	20. FILED 1900 1900	

..... Wes there an autopsy?..... fili in also the following: \_ Date of injury\_\_\_\_\_19\_\_\_\_ or town, county and State) HOME, or in PUBLIC PLACE. upation of deceased?.

\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds.

X. That I attended deceased from

\_\_\_\_\_, 19\_\_\_\_; death is said

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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should state

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Wiconico	Registration Dist. No. 333
Village or City allowing Md.  Length of residence in city or town where death occurred allowed lines.	No. D St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. il of foreign birth? yrs. mos. ds.
2. FULL NAME Sallie a Jones	0
(a) Residence: No. 602 Lakes (Usual place of abode)	St., 9 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LOU. 1 2 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from 22. 12. 2. 1933, to 2012, 1983
6. DATE OF BIRTH (month, day, and year) Oct. 4 1851	I lact saw h was alive on 12, 1933; death is said
7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at
82 1 / 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this company).	Burned to Death noviza
work was done, as 51K MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation drivers	
12. BIRTHPLACE (city or town) Salslung (Stata or country) manyland	Other Contributory Canses of importance:
II 13. NAME	
13. NAME Unfaraul  14. BIRTHPLACE (city or town) Unfaravul  (State or country)	Name of operation.  What test confirmed diagnosis?  Date of the diagnosis?
15. MAIDEN NAME Rebecca Harrey	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Rebecca Starrey  16. BIRTHPLACE (city or town) Saludry  (State or country) March	Accident, suicide, or homeiternest to local of miury NOV-1, 13 3-3
17. INFORMANT Mrs. Marttus Purnell (Address) W. Main St Sulphus Md;	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place About ton Cessitery Date Morra 15, 1933	Nature of injury was trues destruction of
19. UNDERTAKER James F. Stewart Salis Md	24. Was disease or injury in any way related to occupation of deceased?
20 SUED NOV 15-1033 V+ 21 24 114	(Signed) J. Jambly OM. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) \_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis DEC 6 1933	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	THE RES
Gallstones	May 1,1923	Gastroenteritis	1 year

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OCCUPA

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERM	mation should be carefully supplied. AGE should be stated EX.	CAUSE OF DEATH in plain terms, so that it may be properly cla	TION is very important. See instructions on back of certificate.
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	M	nou	E	ba
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ssified. Exact statement of OCCUPA-

County Abrilon Dist. No.  Village or City Salisalian Megistration Dist. No.  Village or City Salisalian Megistration Dist. No.  Village or City Salisalian Megistration Dist. No.  St.,  (If death occurred in a horpital or institution, give its NAME instead of street a death of foreign birth?  2. FULL NAME Of St.,  (a) Residence: No. 1/3 Ostilla St.,  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  St.,  Mard.  (Usual place of abode)  MEDICAL CERTIFICATE OF DEATH  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  21. DATE OF DEATH NO.  26	222
Village or City Solin St., St., Ward.  (a) Residence: No. // 3	
Length of residence in city or town where death occurred Type and St., How long in U.S. if of foreign birth?  2. FULL NAME  (a) Residence: No. / 3	3 Ward
2. FULL NAME Color of Residence: No. // 3 Color of RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   21. DATE OF DEATH   26	
(a) Residence: No. 1/3 Calloll St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)  21. DATE OF DEATH OF Z6	
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  21. DATE OF DEATH  26	
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX  4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  21. DATE OF DEATH  26	and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH NOV 26	
	7,3
male a a no (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  22.   I HEREBY CERTIFY. That I attend	ded deceased from
6 DATE OF RIPTH (month day and year) Ary 7 1809 1 Hothanh arraisonal, at 113 Page 1	1/26/33
6. DATE OF BIRTH (month, dey, and year)  7. AGE  Years  Months  Days  If LESS than  to have occurred on the dete steted above, of the determinant	:; dyatii is said
44 To 20 lay,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	n
work was done, as SILK MILL, Was Welson Will, BANK, etc.	cu lun -
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at frow this occupation (month and 23 spant in this occupation.	nedi
Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Dalas Language (State or country)	
MANAGER	
13. NAME (Never James)	
13. NAME (Viewer Turnell  14. BIRTHPLACE (city or town) Salesley Many of operation (State or country)  Name of operation Was there Was there	an autopsy?
15. MAIDEN NAME Comul Clonard 23. If death was due to external causer (VIOLENCE) fill in also the follow	wing:
15. MAIDEN NAME Carried Leonard 23. If death was due to external causer (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury.	
(State of Country) Where did Injury occur?	
17. INFORMANT The Ola Justille Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC (Address)	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury	
Place Fundam Clan Ma Date / Ore 30, 1933 Neture of Injury	
19. UNDERTAKER Jas 41 Stewart 24. Was disease or injury in any way related to occupation of deceased	rof to
20. FILED 200 30, 1933. May Junes, (Signed)	ly mi
Registrar. (Address)	- Kus.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	11534
Marie and	(181)	222
County //Corpus	Registration Dist. No	333
Village or City Satisfacy May	No. 104 June 120. St., death occurred in a hospital or institution, give its NAME instead of street at	3 Ward
Length of rasidence in city or town where daath occurred yrs	How long in U.S. if of foreign birth?yrs	
2. FULL NAME Sanfred Devott	Telleus	
(a) Residence: No. 104 Ann The Road	St. /3 Ward.	
(Usual place of abode)	If nonresident give city or town a	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.85 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED ORLOWING the word.	21. DATE OF DEATH Nov. 21	, 193_3
5a. If married, widowad, or Owored HUSBANO of	(Month) (Day)	(Year)
(or) MEET Maggin & Mathies	22. I HEREBY CERTIFY. That I attand	led deceased from
6. DATE OF BIRTH (month, da and year) Dec. 4. 1860	I last saw have alive on your . 2/ 193	daath is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at	, 00001113 3010
72 // /7 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	Q	Year # - 3
SAWYER, BOOKKEEPER, etc	Consored 1	100 07 - 3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lists worked at this operation (meth and		
10. Date deceased list worked at this proportion (ment) and 1921		
this pean prinn (pointh and 930 seat whis year)		
RD.#4/1/1/	Other Contributory Causes of importance:	1927
12. BIRTHPLACE (city or town)  (Stata or country)  Many Care	Ly trong nepouls	70.12
Mild F Or 10	yly perlenen	174/
I DIO HULL		feet again
4 14. BIRTHPLACE (city or town)	Nama of operation Data of	
(State or country) Mayland.	What test confirmed diagnosis? Was there a	n autopsy?
16. BIRTHPLACE (city or town) Metal Confr.	23. If daath was due to axternal causes (VIOL ENCE) fill In also the follow	ing:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of Injury	, 19
(State or country) Maryland	Whare did injury occur?	
17. INFORMAN Me. Mayer of Melling (Addrass) 09.	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, COMATION, OR REMOVAL Plan ausous Cen Day Nov. 23 19	Manner of Injury	
19. UNDERTAKER Holloway + Co.	/Nature of injury24. Was disaasa or injury in any way ralatad to occupation of deceasad?_	
(Addrass Khifung Manland.	If so, spacify	
23.133 Valley Valley	(Signad) James H Morn.	M
20. FILED COV. Registrar.	(Addrass) _ Laladay hy	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Gallstones	May 1,1923	Gastroenteritis	1 year

should state

County Wicomico				Registration Dist. No. 33	, 0
Village or	City Mardela			NoSt.,St.,Steach occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of re	sidance in city or town where dea	th occurred_2	Lyrsmos	t death occurred in a horpital or institution, give its NAME instead of street and the street an	number)
2. FULL NA	AME Sallie M.	Mc. La	in		
	ence: No.			St., Ward.	
		(Usual place		If nonresident give city or town an	d State
	NAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3. SEX Female			RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 3 (Yaar)
Sa. If married, wide HUSBAND of (or) WIFE of	wad, or divorced L.T.McLain			22. I HEREBY CERTIFY, That I attended	decaased from
S DATE OF RIRTH	(month, day, and year) OC to	. 31	1862		; death is said
	aars Months	Days	If LESS than I dey,hrs. ormin,	to heve occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	
8. Trada, prof kind of SAWYE	ession, or particular work done, as SPINNER, R, BOOKKEEPER, atc	use wo		Myscardels	Date of onset
SAW M	business in which es done, as SILK MILL, ILL, BANK, atc				
11113 000	isad lest workad at supation (month and	sp9	time (yaars) ent In this upation		
12. BIRTHPLACE ( (Stata or co	city or town)	and		Other Contributory Causes of Importance:	
13. NAME	William Mori	ria			
	CE (city or town)or country) Mary lar			Name of operation Data of What test confirmed diagnosis? Was there an	
1S. MAIDEN N				23. If death was dua to extarnal causes (VIOLENCE) fill in also the following	
0 16. BIRTHPLAC	CE (city or town)			Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT (Addrass)	Rev L. T. McI	din.		(Specify city or town, county and Sta Specify whathar Injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ate) LACE.
	aston		v IO ,1933	Manner of injury	
19. UNDERTAKER (Addrass)	W. D. Grave Sharptown	nor.&	Bro	24. Wes disease or injury in any way ralated to occupation of deceased?	
20. FILED	10 1033 Jul C	e limst	Registrar	(Signad) (Address)	M.D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 6.	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE O	F DEATH			82-0	40
County	Wicomico			Registration Di	ist. No. 333
Village or C	City Sharptow	n		No	St., Ward
Langth of resi	idance in city or town where o	aath occurred_35		death occurred in a horpital or institution, give its NAME in the long in U.S. if of foreign birth?	
2. FULL NA	ME William	T Nich			
	nce: No.	@	.j- <u>↓</u> -≅	St Ward.	
(a) Nesider	100. 110.	(Usuai place	of abode)	If nonresident gi	ve eily or town and State
	NAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH
Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marra	RIED, WIDOWED.  D (write the word)  E OCI	21. DATE OF DEATH  NOV  (Month)	I3 I933 193 (Year)
5a. If marriad, widow HUSBAND of (or) WIFE of	wed, or divorcad Belle Nicl	nols		22. 1 HEREBY CERTIFY	. That I attended deceased from
	(month, day, and yaar) Au		1859	I last saw harman alive on Dow 5	
7. AGE Yee 7.4	3	Days 8	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, at	of Importence
9 Industry or work wa SAW MII 10. Date dacaas this occu		spai	Ime (years) Int in this Ipation	Other Contributory Causes of importance:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
T 13. NAME J	onathan A.N				
14. BIRTHPLACE	E (city or town)D.B. r country)	laware		Name of oparation	
15. MAIDEN NA				What test confirmed diagnosis?	in also the following: ata of injury, 19
(Address) 18. BURIAL, CREMAT	Roy A. Nicho Sharptow TION, OR REMOVAL IPTOWN	n Md.	.I5,19.33	(Specify city or to Spacify whether injury occurred in INDUSTRY, in HOM Mannar of injury	
19. UNDERTAKER (Addiass)  20. FILED Mov	W.D.Graveno Sharptown, 1/5,1933 Mea	Md.	Maun	24. Was disease or injury in any way ralated to cupate If so, specify (Signed)	ion of dacaased?
		/	Registrar.	(Aldress) tamel 1	TIC.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example	1		Example 11	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC -	July 5,1927	Peritonitis	3 days ago
1 201	TERAUT	53.111		
Other contributory causes of imp	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	11934
P )	County Sliconnico	Registration Dist. No. 3333
	Village or City Salahusu mu	No. Pen Seen Hospital, St 13 Ward
0	folant (11	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death odcurredmos	ds. How long in U.S. If of foreign birth?dsds.
CIA	2. FULL NAME Della Muller	
YSICIANS	(a) Residence: No. Sarow Kill Rd. Md.	, St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
≯. ⊞	OR DIVORCED (write the word)	Nove 2 1/4 193 3
T L	to If married widowed or diversed	(Month) (Day) (Year)
Sign	/5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
X A class	(or) WIFE of Waller Aulle	Am 13 ,1925, to Mr 24 ,1933
E y	6. DATE OF BIRTH (month, day, and year) duck, about 1896	I last saw her alive on 7 7 24 , 1953; death is said
stated E properly	7. AGE alacyets Months Days If LESS than	to have occurred on the date stated above, atm.
stated proper]	37   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8. Trade, profession, or particular	The state of the s
be tof	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at 11. Total time (value) this occupation (month and	The grand galay
should it may on back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
sh it it on l	0 10. Oate deceased last worked at Now 11. Total time (years)	
	this occupation (month and 18th spant in this // occupation	
oplied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town) & Lane	Other Contributory Causes of Importance:
	(State or country) ned	
plie rm nst	13. NAME Gale Wright	
supplied in terms, See instru	13. NAME Gale Winght  14. BIRTHPLACE (city or town). I hamle	Name of operation
ly Iain S	(State of country)	What test confirmed diagnosis? Was there an autopsy?
carefully supplied. H in plain terms, ortant. See instru	15. MAIOEN NAME Lovie weller  16. BIRTHPLACE (city or town) It house	23. If death was due to external causes (VIOL ENCE) fill in also the following:
be careful EATH in primportant.	6 16. BIRTHPLACE (city or town) & house	Accident, suicide, or homicide?
AT.	S (State or country)	Where did injury occur?
	17. INFORMANT WWW WILLS	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
should be car OF DEATH	(Address) Balishery na	,
E .S	Place De Soull Com My door Nove 28 19 3 3	Manner of injury
mation s CAUSE TION is	Place W Month Clan Madate / DV 28, 1933	Nature of injury
CA	19. UNOERTAKER Jos 41 Sewal	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Salysbury and	If so, specify
(7)	20. FILEO Nov. 28, 133 9. May hurser	(Signed) M. D.
	Registrar.	(Address) flettag kong
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1 - A-L-Age	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BY	PHYSICIAN

KARG	WITH UNF!	fully supplie	n plain terms	nt. See insti
•	PLAINLY,	mation should be carefully supplie	CAUSE OF DEATH in plain terms	TION is very important. See insti
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNF	mation s	CAUSE	TION is
>	4	1	-	ソ

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	1140
1. PLACE OF DEATH	97)	1999
County / Velonico	Registration Dist. No.	333
Village or City Salikung	No. AD # 3 Sabitury St.	5 Ward
	Of death occurred in a hospital or institution, give its NAME instead of street and os	
2. FULL NAME ha a Ourshy		10505.
(a) Residence: No. 11.0.#3 Salutury Mid	St. 5 Ward.	
(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OF WORCED (write the ford)	21. DATE OF DEATH An. 8 d	, 193 <u>3</u>
5a. If married, widowed, or divorced HUSBAND of		
(or) MICES / Kelfa Justin	22. I HEREBY CERTLEY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) axial 17, 1888		; death is seid
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, et 3 4 m.	, adatii 13 3010
45   6   1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	,
8. Trade, profession, or perticular kind of work done as SPINNER.		Date of enset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	accept acception atom	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked at LI. Total time (years)	nest.	-
1D. Date deceased last worked at this occupation (month and year) ccupation cocupation		193
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of importance:	
(State or country) may land	12 p = Sel = 5:	192
13. NAME la a formelle	titles great as	12
13. NAME 12 a Course  14. BIRTHPLACE (city or town) Ballings  (State or country)	Name of operation Date of	
(State of County)	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Mary Balelay.	23. If death was due to external causes (VIOL ENCE) fill in elso the following	g:
15. MAIDEN NAME May Balelay.  16. BIRTHPLACE (city or town) Balling.  (State of country)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and Sta	(e)
17. INFORMANT (AVA ) CHUSELY (Address) R.D. #3 Saluting Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place Dallander 1, Mg, Dete Mov 10, 193	Nature of injury	
19. UNDERTAKER Sullyway & G.	24. Wes disease or Injury in any way related to occupation of deceased?	
(Address) Salesburg, Md.	If so, specify	
20. FILED NOV. 8, 1933 Dr. May Junes	(Signed) Ciecles // Seen	M. D.
Registrar.  If more blanks are needed, address State Registrar.	(Address) - Alex Pry Tu	gr

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilts	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED N. B.-WRITE PLAINLY, WITH

V. S. No. 1

	STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	71530
1. PLACE OF	DEATH	0 0	91-2	4100
County/_	com	see John B	Garsons Home Registration Dist. No	. 1313,3
Village or City	y Salist	rery 1	NoNo	St., 9 Ward
Landh ofide			death occurred in a horpital or institution, give its NAME instead	of street and number)
	ince In city or town whera	death occurredyrsmos	ds. How long in U.S. if of foreign birth?yr	5ds
2. FULL NAM	IE KIND.	Mary G. Ord	W.	
(a) Residence	: No. Salis	bung, Md.	St., Ward.	
PERSONA	L AND STATIST	(Untabplace of abode)'	If nonresident give city  MEDICAL CERTIFICATE OF I	
	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDDWED,	21. DATE OF DEATH	11.30
7	718 · t	OR DIVORCED (write the word)	Nov. 2	. 1933
5a. If married, widowed	1. or divorced	marivea.	(Month) (Da	y) (Yaar)
HUSBAND of (or) WIFE of	andr	en C. Pollitt	22. Delst. 20 193 to Mrs	l attended deceased from
6. DATE OF BIRTH (m	onth, day and year)	Uhr. 27 1568	I last saw h . 2 V alive on > 2	death is sai
7. AGE Years		Days If LESS than	to have occurred on the date stated above, at Yalism.	,,
10 6	5 6	5 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Imp	ortanca
8 Trada professi	ion, or particular	7.0	wera as follows:	Date of ones
SAWYER, B	rk dona, as SPINNER, BDDKKEEPER, etc	Mone	acuto Jahr That	10/2/2
kind of wor SAWYER, B Industry or bu work was d SAW MILL, ID- Dato decased	siness in which		, 14	
SAW MILL,	lone, as SILK MILL, BANK, atc	11 Tabel Since Concess		
this occupa	tion (month and	11. Total time (years) spant in this occupation		
0	71	& Cost Co	Diher Contributory Causes of Importance:	
12. BIRTHPLACE (city (Stata or country)		The state of the s	1 to 0	
1	11/1/11/20	By my char.	But a des	19
E	211	around Co	Jany Jaguy.	
14. BIRTHPLACE (	,	newer co.	Name of operation	Date of
	21	7/10	What test confirmed diagnosis? W	
E	71	y merone.	23. If death was due to external causes (VIOLENCE) fill in also	
16. BIRTHPLACE (		KROWIES., Co.	Accident, suicide, or homicida? Data of in	jury, 19
21,	4 '	0 89	Where did injury occur?(Specify city or town, co	unty and State)
17. INFORMANT J. J. J. (Address)	ro. Lonia	10. Ohocklerg	Specify whether injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
18. BURIAL, CREMATID	N, DR REMOVAL	2.30 PM	Manner of injury	
Placa Llas	. , , ,	4. Data Mar. 5 , 1933	Nature of injury	
19. UNDERTAKER	4 Hill 9	Johnson Co.	24. Was disease or Injury in any way related to occupation of d	eceasad?
(Address)	Salies	Jung Mdy	If so, specify	-4
20. FILED 120V.	7,1933 8	J-May June Registrar.	(Signed) (Ardreser alasky on	17M. 1
	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eanses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE mation

LION

JO plnous

item

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Example 1	i i	Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU V. 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9200
County Wagoneso	Registration Dist. No. 332
Village or City Sillavelle .	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Joles hundly Cichards	ON.
(a) Residence: No. Pittsville, Ma.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	MAT 17 1933
52 If married widoward or diseased	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cenne E. Richardson	1 HEREBY CERTIFY. Thet I attended deceased from
0 2 12 18/15	190 to 100 1 19.3
6. DATE OF BIRTH (month, day, and year) Markle 31 1843 7. AGE Yeers Months Days If LESS then	l lest saw live on 1933; death is said
1. AGE leers months bays if LESS their	to have occurred on the date steted above, at II. II
90 / / ormin.	were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. J. AAANAK!	27. D = 1 Ny
Andustry or business in which	trille legiculation from
work was done, es SILK MILL, Moule	
DO 1D. Data deceased last worked at this occupetion (month and	
this occupetion (month and yeer) 2.8 spent in this typer)	
12. BIRTHPLACE (city or town) Cittavelle '	Other Contributors Gouses of importance:
(State or country) Ind Weenness	Seculation
13. NAME Little Ton Richardson	
13. NAME Lett. Ton Wickarlson  14. BIRTHPLACE (city or town) Gittiselle	Name of operation Dete of
(State or country) markiconics	Whet test confirmed diagnosis?
	23. If death was due to externel ceusas (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Un ferrouselle selley.  16. BIRTHPLACE (city or town) Selleville!	Accident, suicide, or homicide? Date of injury 19
(Steta or country) md Willomein	Where did injury occur?
la Richards	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Conditions de l'Enandron (Address) Pittorlle, ma	Specify whomes injury countries in the botton, in front, or far obeing the botton.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Pleca Carkers Cem Date Most 1933.	Neture of injury
11/2 18 - 10 1 2k 11	24. Was diseese or injury in eny way related to occupation of deceased?
19. UNDERTAKER JAM 6000000000000000000000000000000000000	If so, specify
m d	(Signed Reaches 7) Septem M. D.
20. FILED lov. 18, 1933 dillian N. Davie Local Registrar.	(Address)
Vocas	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	7.5		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5.A.9
1. PLACE OF DEATH	25)	040
County Wiconics	Registration Dist. No. 33	3
Village or City Salesbury	No. 506 Vine St., C	Ward
Length of residence in city or town where death occurred/_ &yrs,	death occurred in a hospital or institution, give its NAME instead of street and numb	
2. FULL NAME Lilliam Mass Gold	ta	
(a) Residence: No. 506 Vine Sty	St., B Ward.	
(Usual place of abode)	If nonresident give city or town and State	b
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Nov 29 5.30 P.	m.
5e. If married, widowed, or divorced	(Month) (Dey)	(Yeer)
HUSBANO of (or) WIFE of	22.   HEREBY CERTIFY, That I attended dece	ased from
6. DATE OF BIRTH (month, day, end yeer) Opril 29, 1915	Hast saw her alive on Two 29, 1933 de	eth is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted above, at 5m.	
/8 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were as follows:	te of onset
8. Trede, profession, or particular kind of work done, as SPINNER, School Sawyer, BookKeEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oete decessed lest worked at this occupation (month and spent in this seems in this seems in this	Pul. G.L.	931
9. Industry or business in which work was done as SLLK MILL.		
work was done, as SILK MILL, SAW MILL, BANK, etc		
this occupation (month and spent in this yeer)		
12. BIRTHPLACE (city or town) Sasia Sasas	Other Contributary Causes of Importence:	
(State or country) Wandland		
13. NAME George The Roberto f		*******
13. NAME George The Coherts  14. BIRTHPLACE (city or town). Cambridge s.	Neme of operation Oete of	
(State of Country)	What test confirmed diagnosis? Wes there en autop	sy?
15. MAIOEN NAME Jaisy B. Wills  16. BIRTHPLACE (city or town) - Liconvico Co.	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:	
(Stete or country)	Accident, suicide, or homlcide?Oate of injury	, 19
71. 01 - 2/2 Q . l . t d	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT MALA MEDICAL WE SOUTH WILL.	Specify whether injury occurred in INDUSTRI, in HOME, of in FUBLIC FLACE.	
18. BURIAL, CREMATION, OR REMOVAL F.M.	Manner of injury	
Piece Laramy Cm. Date all de 1933	Nature of injury	
19. UNDERTAKER The Hill of Johnson Co	24. Wes diseese or injury in any wey related to occupetion of deceased?	>
(Address) Salis House mil.	If so, specify PM	
20. FILEO Dec 2, 1933 V. May June	(Signed)	M. D.
Registrar.	(Address) aluly	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	- 13	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

of OCCUPA-

1. PLACE OF DEATH	(50)
County Wiconspics	Registration Dist. No. 3321
Village or Cityllear Parsonshung Wed	Np. St Ward
	Of death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vellie Tillian, Rot	h
(a) Residence: No. 1. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH 13 193 3 3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of D. P. Kolk.  6. DATE OF BIRTH (month, day, and year) May 12 th 1886  7. AGE Years Months Days If LESS than	22. HEREBY CERTIFY. That i attended deceased from 19-32, to 19-33, 19-33
7. AGE Years Months Days If LESS than 1 day,hrs ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Harmen Wile	Date of onset
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<b>A</b>
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Ireland (State or country)	Other Coatributory Causes of importance:
13. NAME Daniel & Roth	
14. BIRTHPLACE (city or town) Ireland (State or country)	Name of operation Deces Remode Date of The 1/25
15. MAIDEN NAME Beatrice Bourke	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ireland (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANTMIRS & W Rhinge hardt (Address) 34 le Palinton are for gloser	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Paisonshung Md Date Detv. 16, 1933	Menner of Injury
19. UNDERTAKER Won Horrard Walls (Address) Littarile Mid	24. Was diseese or Injury in any way releted to occupation of deceased?  If so, specify
20. FILED Nov. 15, 1933. Milliam P. Davi	(Signed) Londer Jacob M. D.  (Address) Sales Bay Zersel
If more blanks are needed address State Projection	ALL N. Chala Co. a. P. Co. a. P. Co. a. P. Co. a. C. a. a. C. a. a. a. C. a.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH  County // County // Registration Dist. No.  Village Dr City Salishuy // No. 53/ S. Dissenting of the County // (If death occurred in a hospital or institution, give its NAME instead of street.)	
Village Dr City Sahifung MA No. 531 S. Dinama (If death occurred in a hospital or institution, give its NAME instead of stre	eet and number)
(If death occurred in a hospital or institution, give its NAME instead of stre	eet and number)
Length of residence in city or fown where death occurred vrs. mos ds. How long in U.S. If of foreign birth?	u
2. FULL NAME Cara C. Perocercies.	
(a) Residence: No. 3 1 / Ward.  (Usual place of abode) Ward.  If nonresident give city or to	1 6
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEA	
3. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH	
Kernal White OKONORCED (write tha word) /W. 24	193-3
(Month) (Dey)	(Year)
(or) WIFE of William Marcheles 22. I HEREBY CERTIFY, Thet I at	tended deceased fro
1 200 1 10 10 1 2 10 2 10 2 10 2 10 2 1	¥ 193
5. DATE OF BIRTH (month, day, and year) 6. 8660   last saw h alive on 1	933; death is sal
AGE Years Months Days If LESS than to have occurred on the date stated abova, at // m.	
73 /0 /8   1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data of ones
8. Trade, profession, or particular kind of work done, as SPINNER.	Data of one
kind of work done, as SPINNER, at Home	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
1D. Data decaasad last worked at 10 11. Totel tima (years)	
this occupation (month and / 73 2   spent in this groupation	
12 RIPTHPLACE (city or town) Man. Safutny Other Contributory Canses of importance:	
(State or country)	
13, NAME Christonh Ball	
	ta of
	ere an aulopsy?
23. Il death was due to external causes (VIDE LINES) into in its also the it	
16. BIRTHPLACE (city or fown) Date of injury  (State or counter) Where did injury occur?	, 19
(Specify city or town, county a	and State)
7. INFORMANT / Specify whether Injury occurred in INDUSTRY, In HOME, or In PUB (Address) 366 Mankand an Jalulus Per	LIG PLACE.
8. BURIAL, CREMATION, OF REMOVAL P. L. Manner of Injury	
Place Mag VI front of 19 13 Nature of injury	
9/100	us Dero
19. UNDERTAKER Address) Jalieburg Ma. 24. Was disease or injury in any way related to occupation of decaes	eor
May 24 33/14 May June (Signed) Tolera Color	٠, دب
20. FILED Registrar. (Address) Selenharer	· Hed
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	,

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	20.2
County W. Commercial	Registration Dist. No. 333
Village or City Salesburn Mu	No January Leverel Hospital Ways
	death occurred in a horpital or institution, give its NAME instead of lirect and number)
2. FULL NAME Major Shuler	
(a) Residence: No. Bibliot Moryl	offed Ward
(a) Nestucine. No. (Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH
Male. Colored single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
1	10-8 1933 to 11-8 1933
6. DATE OF BIRTH (month, day, and year) with wing 40	I last saw harman alive on 11-8
7. AGE Years Months Days It LESS than 1 day,hrs.	to have occurred on the date stated above, at
26 grs   1 day, ars. or min.	were as follows:
8. Trade, photession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	natured made fundamental
9. Industry or business in which	10/2/
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Sos keema
	actionship accident, Potient was
yeer) occupation	Other Contributory Causes of Importance: were by automo-
12. BIRTHPLACE (city or town) 2. (State or country)	hler Curay
置 13. NAME 2	
E	Name of operation. Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Alexand Was there an autopsyd
15. MAIOEN NAME	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Legal Date of injury 0/8, 1933
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Carl Bake.  (Address) Bushof 2	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Place 1933	Nature ot injury
19. UNDERTAKER J. W. Burtage	24. Was disease or injury In any way related to occupation ot deceased?
(Address) Buling	If so, specity
20. FILEO MON 8, 1933 O. May Jusuer	(Signed) M. D.
Registrar.	(Address) Manual

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

infor-

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Jay)
County Theremuse	Registration Dist. No. 3.3./
Village or City . Manlicake	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(a) Residence: No. Le selliton MA (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (abrile the word)  Williams	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY. That I attended deceased from 19.72, to 22, 19.33
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the data stated above, at
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Pylonephrilis
12. BIRTHPLACE (city or town). Hankerk! (State or country)  13. NAME  13. NAME	Other Contributory Causes of Ingentianod:
13. NAME South now  14. BIRTHPLACE (city or town) Ballimorg  (State or country)	Name of operation Data of
W 15. MAIDEN NAME Exhau Hand	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR BEMOVAL Place Collision M. Date Plov 24, 19.30	Manner of injury
19. UNDERTAKER Mrs Willessich & Sons	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOV. 23, 19. (1. Woolford Walts	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Example I	E51	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

FOR BINDING

IARGIN RESERVED

V. S. No. 1 N. B.—

1. PLACE OF DEATH	MAKI	LAND	CERTIFICATE OF BEATT	548
County Wicomics			Registration Dist. No. 3	3.3
10 m	oam	_	No. St	Ward
	no		death occurred in a hospital or institution, give its NAME instead of street and a	(umber)
Length of residence in city or town where death	occurred /_O.	_yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME / Jonnay	7 11.	Smith	/:,	
(a) Residence: No. My Sili	ram	, Md.	St., 7 Ward.	
PERSONAL AND STATISTICAL	(Usual place of		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
1	INGLE, MARRIE			a. 2u.
mal white	OR DIVORCED (	write the word)	Nov 15	, 193.3
5e. If married, widowed, or divorced	·	red:	(Month) (Dey)	(Yeer)
HUSBAND of (or) WIFE of	olani.	11.	22.   I HEREBY CERTIFY, That I attended	deceesed from
Town, formal	$\infty / V V V$	in,	fall 1,1933, to 12:15	, 19-3 3
6. DATE OF BIRTH (month, dey, and yeer)	o leco	red	Mast saw h elive on 1977' /4 ,1933	; death is said
7. AGE Years Months	Deys	If LESS than  1 dey,hrs.	to heve occurred on the date steted above, at	
about 18		ormin.	were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, es SPINNER,	Armo	1		11/1/23
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and	.V.Y.Y.LY.9Q		Colle Par VVIII	114-0
work was done, es SILK MILL, SAW MILL, BANK, etc			Clar. Int. Metabate	1/2/20
	11. Totel time spent i	(years) n this		1.7.1
year)	оссира	tion	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Sulon	$m_{i}$	· · · · · · · · · · · · · · · · · · ·	A.A.A.	
(State or country)	mary	rand.	Willen - Polleni	1930.
13. NAME Lewis S	min			
14. BIRTHPLACE (city or town) (Stete or country)	an.	-1	Name of operation Date of	**********
- CVVVI	na mana	0.	What test confirmed diagnosis? Wes there en el	
15. MAIDEN NAME Sarah &	visari	rall:	23. If deeth wes due to externel ceuses (VIDLENCE) fill in elso the following	
16. BIRTHPLACE (city or town)	m- Jag	·	Accident, suicide, or homicide? Date of injury	, 19
Mi Col	m	t-0	Where did Injury occur? (Specify city or town, county and State	:)
17. INFORMANT / W. L. MOVINGO (Address)	· XIM	sss,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	mary	Laud.	Manner of Injury	
Place Fruitland Md Do	te Nov.	17 1933	Nature of Injury	
The Will a	Tahn	12 km A	24. Was disease or injury in any way related to occupation of deceesed?	
19. UNDERTAKER ALL ALLS AND (Address)	SID O	md	If so, specify	
20 EUED NOV 14.32 92.	Total.	Junes	(Signed)	, M. D.
20. FILED / 0 / 1, 19	guy	Registrar.	(Address) Mullandon	
If more blanks	are needed, addi	ress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

1. PLACE OF DEATH

County Mucanico

	(a) Residence No.	216 hOL	(Usual place	of abode)	St., 4 Ward.  If nonresident give city or town and :	State
entrat-sta	PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S 5a.	If married, widowed, or d	LOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH NOVEMBER 18  (Month) (Day)  22. 1 HEREBY CERTIFY, That I, attended, 9	193 3 (Year)
	(or) WIFE of	no		14	1 last saw h Luw alive on November 18 , 1933	, 19 3
6. I	DATE OF BIRTH (month, AGE Years	Months	Days	if LESS than I day,hrs. ormin.	to have occurred on the date stated abova, at	Date of or
OCCUPATION	8. Trade, profession, or kind of work dor SAWYER, BDDKM 9-Industry or business work was done, a SAW MILL, BAN 10. Date deceased last wis occupation (in year)	ne, as SPINNER, (EEPER, etc	sper	Bay me (years) mory this pation	Juleiculosis of the lungs acute	193
FATHER	BIRTHPLACE (city or tow (State or country)  13. NAME  14. BIRTHPLACE (city or	S Tan town) Sal	dury	nd Se	Name of operation	
MOTHER	15. MAIDEN NAME  16. BIRTHPLACE (city of (State or country)	r town) al	Dul	and and	What test confirmed diagnosis? Clinical Was there an a 23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Data of Injury Where did injury occur? (Specify exty or town, county and Stale	:
	(Address)  BURIAL, CREMATION, OF	REMOVAL GO	address And Hos	and	Specify whether injury occurred in INDÚSTRY, in HOME, ór in PÚBLIC PL/	
19. 2D.	UNDERTAKER AND	1,1933	listere V. Ma	June	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signad)  (Address)	710

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER STA	ATEMENTS 1	BY	PHYSICIAL
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1. PLACE OF DEATH	
County Treamics.	Registration Dist. No. 332
Village or City Hillands 20 d.	No. St Ward
Length of residence in city or town where deeth occurred 44-yrs. 4 mos	death occurred in a norpital or institution, give its NAME, instead of street and number)
2. FULL NAMES Alice Minuna Sanite	G
(a) Residence: No. Ofillards (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The married, widowed, or divorced	21. DATE OF DEATH  (Month) (Day)  (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Mooths  Days  If LESS than  1 day,hrs.  ormin.  8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  Mallowska	1 HEREBY CERTIFY. That I attended deceased from 1933, to 1933; deeth is said to have occurred on the date stated above, at 10 a.m.  The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were es follows:  Date of onset  The principal of the date stated above, at 10 a.m.  The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were es follows:  Date of onset  The principal of the date of
13. NAME  14. BIRTHPLACE (city or town) Willards (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Willards (State or country)  16. State or country)  27. Whilesals (State or country)	Name of operation
17. INFORMANT SE Trutt  (Address) Williams (Mide)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Neilacho Com Date Nov. 15th, 193.	Manner of Injury
19. UNDERTAKER Vin Bound Valla?  (Address) Talanelle md;  20. FILED lov. 14, 1933, faillian A. Pavis Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) frank function M. D.  (Address) Milliant M. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(53)
County Micewier	Registration Dist. No. 333
Village or City of Celestry / Enumsals	Whowere Keyelall St., 13 Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  2. ds. How long in U.S. if of foreign birth?
L - Pa Pa 7	anill
(a) Residence: No. Whalis will h	waste Ward.
(d) Residence. No. Wasual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of baby	22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 22 1933	I last saw her alive on It 18 1973; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at F. P.m.
9 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	agente allulates of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Heelt huke
work was done, as SILK MILL, SAW MILL, BANK, etc.	
0. Date deceased last worked at this occupation (month and spant in this	
year) occupation occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Maryland	· ·
(State or country)	
13. NAME Frank Wedic  14. BIRTHPLACE (city or town) Mary land	Name of according And
4. BIRTHPLACE (city or town) - Mary land	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there are a there ar
15. MAIDEN NAME LOUISE South	Accident, suicide, or homicide? Date of injury 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Jarfuld Frugtt Marisland	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Paligh Cemelypate Nov 21, 1932	Nature of injury.
19. UNDERTAKER Supplies of Superior Sup	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Nov. 21, 1633 & May Lune Registrar.	(Signed) / Jahrsbury, M.D.

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 yeor


*	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
MARGIN RESERVED FOR BINDING	PERMANENT RE	EXACTLY.	rly classified. Ex
D FOR	IS IS A	be stated	be proper
RESERVE	IG INK-TH	GE should 1	that it may
MARGIN	H UNFADIN	supplied.	in terms, so
	INLY, WITH	be carefully	SATH in pla
V. S. No. 1	I. B.—WRITE PLAI	mation should	CAUSE OF DEATH in plain terms, so that it may be properly
1	1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	98-6
County Wi come co	Registration Dist. No. 232
Village or City Willards and	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	/ Q ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & arafu L. VU	ulley
(a) Residence: No. M. Willards	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Myrentee 25  (Month) (Day) (Yaar)
5a. If married, widoward, or divorced HUSBAND of (or) WIFE of Kilo and Conference  Turnel & C	22.   I HEREBY CERTIFY, That I attended deceased from
George O. Volley	1033, 10 dale 7 deshor
6. DATE OF BIRTH (month, day, and year) Jan. 31-41854	I last saw h last alive on last saw h last s
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above, at\(\frac{\cup}{\cup} - \frac{\cup}{\cup}
/6 9 / O ormin.	were as follows:
8. Trada, profession, or perticular kind of work done, as SPINNER, House wife SAWYER, BOOKKEEPER, atc.	1 the sale was
9. Industry or businass in which work was dona, as SILK MILL,	mentos dita
SAW MILL, BANK, etc.	Christine anocardities Donation : unable
SAW MILL, BANK, etc.  10. Deta deceased last worked et this occupation (month and property)  11. Total time (years) spent in this	to Satisacione Cura
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) A Rayan	No to all the second
12. BIRTHPLACE (city or town) (State or county)  13. NAME  Substituting the substitution that substituting the substituting t	Cerebra Remarkage : harto.
	Date of
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of  What tast confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME may ayn Otwa	23. If daath was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicida, or homicida?
17. INFORMANT Maggir Twillards (Address)  18. RUBLAL CORMATION OR THOUGH	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Buttel Date Nov. 23.1933	Natura of injury
19. UNDERTAKER M. Pasha Watson	24. Was disaase or Injury in any way related to occupation of dacaased? W.O.
20. FILED LOV. 21, 1933 Fillian I. Da	(Signed) Frank Jems M.D.  (Address) William mil
	2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11000
County Wccamico	Registration Dist. No. 333
Village or City Salisbury Ind	No. 7/2 Lass! St., 9 Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Claras Dienelles	
(a) Residence: No. 7/2 Lake, St. Salisa (Usual place of abode)	St., 9 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  Colored  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Widawe	21. DATE OF DEATH NOV 18 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of of Leven bemables	22. A HERBBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h_ene alive on
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at/
about 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, at lumber SAWYER, BOOKKEPER, etc.	A
SAWYER, BOOKKEEPER, etc.	Joucho - Lucusing Na 19
Work was done, es SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year) year)  11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Frutland, ma.  (State or country)	Other Contributory Capres of Importance:
Ξ ,	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME ROCKES HOME	What test confirmed diegnosis? Was there an au'opsy? Was there an au'opsy?
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Saleshung mg  (State or country)	23. if death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Dea, W. Deckson	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 7/2 Pale Sty	
Place Houston Omn Date Nov 23 , 19 3	Manner of injury  Nature of injury
10 HADESTAKES Chas a Purnell	24. Was disease or injury in any way releted to occupation of deceased?
19. UNDERTAKER CAS C. T WILL S. C. (Address) 6-60 Church S.C.	if so, specify
20. FILED Nov 21, 1933 Lang Junes.	(Signed) M.D.
Registrar.  If more blanks are needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

other

STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH			1860	11554
County lle Comico	<del></del>		Registration Dist. No.	333
Village or City Saluslu	any	nd	No. Second St.	, 9 Ward
Length of residence In city or town where de	eath occurred	vrs. Z mos	death occurred in a horpital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Proper	9 11101	1 p.		
(a) Residence: Np. Resor	id It	Palish	u.St., Ward.	
	(Usual place of	abode)	If nonresident give city or town	
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEAT	H
3. SEX 4. COLOR OR RACE  Male Q. a.	5. SINGLE, MARRII OR DIVORCED	write the word)	21. DATE OF DEATH November 2  (Month) (Day)	, 193 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That I atte November 2, 1983, to November	nded deceased from
6. DATE OF BIRTH (month, day, and year Max	26	1933	I last saw h lu alive on November 2 ,19	33; death is said
7. AGE Years Months	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at	
0 7	6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	720-		Concussion of the train	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	-2-		Continuation of the oracle	
SAW MILL, BANK, etc		130 60		
this occupation (month and year)	spanti occupa	n this Buth		
X - 0 /	7		Other Coutributory Causes of importance;	off white a
12. BIRTHPLACE (city or town) . All conference (State or country)	may MA	rd,		
" 13. NAME Tea L. Ma	Place			
13. NAME Tea L. Alla 14. BIRTHPLACE (city or town) Jacks	· licens		Name of operationDate	of
(State of country)	191	nd	What test confirmed diagnosis? Was there	
15. MAIDEN NAME Mangan	ett / bu	unsen	(23. If death was due to external causes (VIDL ENCE) fill in also the folio	
15. MAIDEN NAME Mangali	slury		Accident, suicide, or homicide? USA Deut Date of injury	1/2,1933
(State or country)	17 SA	7d	Where did injury occur? It home of decaned	(State)
17. INFORMANT / Augustle /	toguma	end.	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLI	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	mery	Sold	Manner of injury Child fell out of led	on hoed
Placet Jauston To in 1111	Date Office	4.,19.33	Nature of injury Concussion of the bro	Lew .
19. UNDERTAKER Jasety Slew	art	and	24. Was disease or injury in any way related to occupation of deceased	7 70
20. FILED 100 4 , 1933 V.	May	luner	(Signed) (Signed)	
If more b	lanks are needed, add	Registrar.	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year
		;	

ä

See instructions on back of certificate.

FOR BINDING

RGIN RESERVED

1.	PLACE OF DEATH	40	055
	County // Comico	Registration Diet. No.	(3
	Village or City Salishing Ma	No. 1.G. Hospital St. 13	Ward
	(If	death opcurred in a hospital or institution, give its NAME instead of street and num	ber)
	Length of residence in city or town what death occurredyrs,mos	ds. How long in U. S, if of foreign birth?yrsmos	ds.
2.	FULL NAME CHIMA Miguna!	Talles	
	(a) Residence: No. Funtiand // // // // // // // // // // // // //	St., /6 Ward.	
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	le
3. SE		21. DATE OF DEATH Q	
ke	male White OKTORCED (ruvice the world)	Plov. 28, 19	33
5a. If	married, widowe for divorced	(Month) (Day)	(Year)
	(or) WIFE of William James Valle	22. I HEREBY CERTIFY, Thet I attended dece	esed from
	March = 1810	Sept 20, 1933, 10 nors 28	19.23
6. DA 7. AG	ATE OF BIRTH (month, day, end year)  White State of Birth (month, day, end year)  White State of Birth (month, day, end year)  Be Years   Months   Devs   If LESS then	I lest sew h. L. Y. alive on	eth is said
7. AG	Years Months Deys If LESS then 1 dey,hrs.	to heve occurred on the dete steted above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1	8. Trade, profession, or particular	ware se follows:	ate of onset
NO	kind of work done, es SPINNER, at SAWYER, BOOKKEEPER, etc.	(splanic flying	1930
OCCUPATION	9 Industry or business in which	Copernie franc	1.2.9
3	work was done, as SILK MILL, SAW MILL, BANK, etc		
8 1	10. Date deceased lest worked at this occupation (sporth end 1933 11. Total time (yeers) spent in this		
	year) occupation	Other Coutributory Causes of importence:	
12. B	(State or country)	Nypostatio Summer M	25,11
α ,	The Walled.		
E  -	13. NAME/ Mely Mallian		
A 1	(State or country)	Name of operation Michaeles Lesselm Date of !!	>
HER 1	5. MAIDEN NAME Larah / Marin	What test confirmed diagnosis? Wes there an eutop	isy?
E	Mean 91, Ed.	23. If deeth was due to externel ceuses (VIOL ENCE) fill In elso the following:  Accident, suicide, or homicide?	10
MOT 1	(Stete or country)	Where did injury occur?	, 13
17.10	NFORMAN Hilliam H. Walley	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
17.11	(Address) 604. E. Church it Salutury	nd	
18. Bt	URIAL, CREMATION, OR REMOVAL	Menner of Injury	
	Plece Chelman Rel Dev UN. 30 , u 33	Nature of injury	
19. UI	NDERTAKER Holloway + Co.	24. Wes diseese or injury in eny way related to occupetion of deceased?	·
	(Address) Sahiling Manyland	If so, specify	
20. FI	HED Nov 29,19313 & May Junes	(Signed) Lee a. Radersh	M. D.
	Registrar.	(Address) 112 hand at . Dalestan	7-7- Mag (.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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V. S. No. 1

1. PLACE OF DEATH  County Se County Registration Dist. No.  Village or City Se County Management of the American Section of the County Cit death occurred in a horpital or institution, give its NAME instead of street and number of the City of the County of the City of th	
Village or City Solis from 128 Nd 21. 1 20 8 100 50 /	
Village or City Salar Stary 11 d No 11	
Length of residence in city or town where death occurredyrs,mosds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME D GOODY US DOON	
(a) Residence: No. Princes and Residence No.	
(Usual place of abode)  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) (Month) (Day)	3
5a. If-married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY. That I attended deceived	ased from
1 mm /9/3 24 20 333	1933
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  to have occurred on the date stated above, at 6 2 m.	oth is said
Da Or Da Were es follows:	ta of oneat
8. Trade profession, or particular kind of work done, es SPINNER, Jahover on farm	
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupating (month end)  11. Total time (vers) this occupating (month end)	
O 10. Date deceased last worked at this occupation (month end typear)	
12. BIRTHPLACE (city or town) Princes Anne Other Cantributary Causes of Importance:	
(State or country) Someset County (Bullet showed)	
13. NAME Gertha Jones 22	
13. NAME BUTTHE GOVERNOR Date of Operation Date	3.03
(State of country) What test confirmed diagnosis? Office Westhere an eutop	sy?_2=0
15. MAIDEN NAME Bertha John 15. Maiden was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME  Bertha 18. Maiden was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide 18. Maiden of injury 13. o-	
(State of country) Where did injury occur?	
17. INFORMANT My Ma M C to Ceruy Grant Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Trucks and State)	
18. BURIAL, CREMATION, OR REMOVAL 24 7 Manner of Injury Bellet Normal	
Place Wesley Pensilonpate how 5 , 19 3.3. Nature of injury activations of bladder perfor	ratini
19. UNDERTAKER James J. Desurio 2 24. Was disease or injury In any way related to occupetion of deceased?	0
(Address) Princes and If so, specify (Signed) Colons of Labour	M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Visit to the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	(160-2)
County Wisomico	Registration Dist. No. 333
Village or City Renunsula General Horn	utalo Salisburu Md St. 13 Ward
	death occurred in a horpital or institution, eye its NAME instead of street and number)
( C. ) H Ou	now long in 0.3. If of total golding
2. FULL NAME ( Agam) Jour	4
(a) Residence: No. Scouls (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White baby , single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceesed from
(or) WIFE of	november 7, 1933, 10 november 9, 1933
6. DATE OF BIRTH (month, day, and year) Nov. 7, 1933	I last saw ham alive on normalist 9 , 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.3.A.m.
O 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Combral Thewarkage 1/2/23
SAWYER, BOOKKEEPER, etc	Cerebral / 1//33
work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Penemula Garreral Hospital	-
(State or country) Salisbring MQ	
14. BIRTHPLACE (city or town). Pocomobe, VAQ.	Tours Delini
14. BIRTHPLACE (city or town) No combons 470 4	Neme of operation
	What test confirmed diagnosis? Was there an aulopsy?
E COLOR	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  19
State of Contry)	Where did injury occur?
17. INFORMANT LESSES Yordy Young.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Pocomolate Ma,	
18. BURIAL, EREMATION, OR REMOVAD CO 2007 / 2	Manner of injury
Place To Commission Reports 1995, 193	Neture of injury
19. UNDERTAKER VERMON Tysteversson	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) (focomphetity, Ma-	If so, specify warder many
20. FILED NOV 7, 1933 V- Maly June	(Signed)
Registrar.	(Modless)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year